

## Thorns 'n Roses

From community submissions



### Roses to:

**Michelle Saylor**, the 6th ASG health promotion coordinator, for making the Great American Smokeout 2003 such a great success and a worthwhile event for all who attended. From the T-Shirts to the breakfast bags to the fun that was had by all, Michelle made it all happen.

**Desmond and Danny** at the Patch gym, for going above and beyond the call of duty to make the Great American Smokeout a success. Your tireless efforts were greatly appreciated.

(For more about the Smokeout see page 10.)

**Russell Orr**, for his continued efforts on behalf of events in this community. Stuttgart-area functions could not be a successful as they are without caring and committed volunteers – and Russell Orr is definitely one of these people. He is a true silent hero with a heart of gold.

### Thorns to:

**Dog owners who refuse to “scoop the poop.”** Do I really need to elaborate here? C'mon, people, this should be a no-brainer by now!

**Drivers who park all day in time-limited spaces on post – then have the nerve to be upset when they get a ticket.** In addition to ignoring the needs of your fellow community members (who might like to use the bank and post office, too), you forgot Baretta's cardinal rule: Don't do the crime if you can't do the time.

E-mail comments to [citizen@6asg.army.mil](mailto:citizen@6asg.army.mil) or fax them to 421-2570/civ. 0711-729-2570.

# Depression not 'all in your head'

## Stigma too often stalls medical attention for highly treatable disease

By Michael Flaherty

Commentary

For more about fighting stress and depression over the holidays see page 11.

**D**epression – the leading cause of disability world-wide – affects 10 to 14 million

Americans every year. Why, then, does it remain hidden?

Depression is treatable, with success rates as high or higher than for most physical illnesses. Why does it remain largely untreated?

Depression is potentially fatal, with morbidity rates comparable to those of angina and advanced coronary disease. It exacerbates other diseases. Why is it so drastically underinsured?

The United States hemorrhages between \$30 and \$50 billion each year in lost worker productivity and direct medical costs related to depression. Why do so many decision makers consider depression “too expensive” to treat, a “bad business decision” to insure?

Study after study has concluded that depression can cause or exacerbate serious physical illness, and vice-versa.

Research conducted by the National Institute of Mental Health definitively shows that when a person is depressed, biological changes take place at the physiological and cellular levels that impede recovery.

Conversely, people with depression are more likely to become physically ill. These findings have staggering importance for people suffering from, or at risk for, breast or prostate cancer, heart disease, stroke, AIDS, Parkinson's disease and most other major illnesses linked through research to depression. Among NIMH's other surprising findings:

- Women with a history of childhood depression may be up to 400% more likely to develop breast cancer later in life.

- Depressed patients who have had a heart attack are more likely to die afterward if their depression remains untreated.

- Small-cell lung cancer is likely to advance more quickly in patients whose depression remains untreated.

- Women with untreated depression show a lowered bone density, making later-life hip fractures and falls both more common and potentially fatal.

- Widowed men are at greatly increased risk for death in the period immediately following their wives' deaths.

- A recently identified pattern of psychoendocrine risk factors appears to predict a subgroup of adolescents who will likely develop later-life depression.

- Later-life depression, which used to be considered an inevitable part of aging, is now seen as a treatable condition.

Dr. Kenneth Wells, mental health researcher for the Rand Corporation, has pointed out that in 2001 only about 25% of depressed people were insured for mental health and receiving appropriate care. By comparison, he noted, if only 25% of cardiac patients were insured for that disease and receiving proper treatment, a national scandal would result.

If depression is an illness, why don't we treat it?

The two central reasons, stigma and lack of insurance, are both based on mistaken beliefs. Although Surgeon General David Satcher calls it “inexcusably outmoded in society of the late 20th century,” the social stigma of mental illness still exists. This stigma – the false belief that depression is somehow imaginary or within a person's control – discourages sufferers from seeking treatment.

The other major barrier is lack of insurance. Since mental illness is still inaccurately viewed as something other than physical illness – something within the control of the sufferer, or untreatable – many insurers cover it inadequately or not at all, in the mistakenly belief that cost savings will result. In reality, the loss of productivity due to depression presents a far greater, and avoidable, business cost than the cost of insuring it. Studies show that treating depression improves the physical and mental health of patients, as well as their employment, productivity, and financial pictures – even two years following treatment.

Failing to fully insure mental health treatment can only be described as the greatest “discrimination” in health care today. No scientific evidence supports anything to the contrary.

The truth is that we cannot afford not to treat mental ill-

## Emerging from the darkness

By Anonymous

Commentary

**T**he other day I opened up a “significant events” report and read that an airman had killed himself. Just a few lines down, I saw where another had attempted suicide. As I looked at the words, I felt simultaneously sad and angry. But I also felt something more personal: understanding.

I understand what it is like to feel as if you are so far in a hole of blackness it has consumed everything in your life. I understand what it is like to want to die. Most importantly, I understand what it is like to come back.

Whether or not you have ever been in that position or known someone who has, I hope you read this commentary and take something from it.

The message is simple: Help is out there, and things, no matter how bad, can get better. But people must be willing to utilize the resources available to them.

The human spirit is an amazing thing, but sometimes things seem so difficult a person would consider taking his or her own life as a solution.

When things progress that far, it is time for that person to get professional help. So why don't they? Why do people hesitate to get involved? Why are people so afraid of the words “mental health?”

Wrongly, they fear it will adversely affect their career. They worry that getting help is a sign of weakness or cowardice, when in fact it is just the opposite.

Getting help takes a tremendous amount of courage and strength. It means swallowing your pride and working hard, pressing forward despite the fear. But mostly, it means you are willing to fix things instead of letting them get worse.

Over the years, I have talked to many people who have experienced suicidal thoughts or struggled with depression, stress, anxiety or other problems. The people are as varied as the reasons for their feelings. Many are people you would never suspect – people who are successful and seem to have everything together.

The resources are available and things can get better, but sometimes that means you have to step out of your comfort zone. Drop the fear. Drop the judgment. Life is too precious to let those things get in the way.

If you see someone in trouble, be honest. Tell that person you are concerned, and why. You may get ignored, but you could be the push the person needs.

If you need help, tell someone or go get it yourself.

According to the Centers for Disease Control and Prevention, suicide claims the lives of more than 30,000 Americans a year. All could have been prevented.

You may have noticed I didn't put my name on this commentary. That is not an accident. There is a point. You do not know who I am. I could be anyone – your co-worker, the person you talk to almost daily.

I could be your best friend, or even your boss. It is possible I am a family member. Or, I may even be you.

*This commentary appeared online at [www.af.mil](http://www.af.mil).*

ness. Full insurance parity deserves top priority in our overall health care design.

Furthermore, equal treatment under the law would go a long way toward eliminating the remainder of social stigma and would reduce the vastly underestimated burden of mental illness on overall health and productivity in the United States.

Wake up ... please.

*Psychologist Michael Flaherty is the Director of Behavioral Healthcare Initiatives at the Jewish Healthcare Foundation of Pittsburgh. This commentary originally appeared online at [www.erasethestigma.org](http://www.erasethestigma.org).*

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